

Service Area Plan

Department of Health

Local Immunization Services (44013)

Service Area Background Information

Service Area Description

Local health departments have statutory responsibility to maintain and operate effective immunization programs which provide vaccines to the public with an emphasis on the vaccine-preventable diseases of childhood such as chicken pox, diphtheria, haemophilus influenza, hepatitis B, measles, mumps, pertussis, polio, rubella, and tetanus. Additional targeted groups for the provision of influenza vaccine are the very young, those with certain environmental or medically high risk conditions, and the elderly who are also targeted for bacterial pneumonia vaccination. Local health departments maintain an inventory or assure access to rabies vaccine and biologicals for administration to those citizens exposed to wild or domestic animals when rabies disease is suspected or proven in the animal. Local health departments participate in and implement on an as-needed basis emergency preparedness measures such as the recent smallpox vaccination program. All local health departments develop and maintain mass vaccination plans in accordance with state and federal emergency preparedness guidelines. Many local departments offer meningitis vaccinations for beginning students at higher education institutions. Many local health departments provide immunizations required or recommended for foreign travel.

Service Area Alignment to Mission

This service area directly aligns with the Virginia Department of Health's mission of promoting and protecting the health of Virginians by preventing and controlling the spread or occurrence of vaccine-preventable disease in the community.

Service Area Statutory Authority

- Section 32.1-2 authorizes the State Board of Health, the State Health Commissioner and the State Department of Health to administer a program at preventive, curative, restorative, and environmental health services.
- Section 32.1-46 provides for the immunization of children against certain diseases in accordance with regulations established by the Board of Health and the implementation of a statewide immunization registry.
- Section 23-7.5 requires full time students enrolling in public institutions of higher education to be immunized against certain diseases in accordance with the recommendations of the American College Health Association.

Service Area Customer Base

Customer(s)	Served	Potential
Birth Hospitals	71	71
Community Health Centers	93	93
General Public (non-influenza or pneumonia vaccinations)	25,000	7,400,000
Influenza and Pneumonia Vaccine Recipients	30,000	100,000
Laboratories	1	110
Licensed Child Care Centers	2,598	2,598
Local School Systems	135	135
Nursing Facilities and Assisted Living Facilities, in Influenza Outbreak Circumstances, or for Technical Immunization Assistance	605	605
Pediatricians and Family Physicians	1,800	3,500
Project Immunize Virginia Coalition	1	1
State Health Department Division of Immunization	1	1
Widespread severe vaccine-preventable disease outbreak	7,400,000	7,400,000

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Anticipated Changes In Service Area Customer Base

- New vaccine products potentially could expand the customer base
- Policy changes at the federal or state level either expanding or restricting the approved use of existing vaccines could increase or decrease the base. The same would apply to changes in third party coverage of vaccination services
- Future vaccine shortages could place more demand on local health department vaccine delivery
- New adverse findings on vaccine safety or efficacy could lessen the base

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Service Area Products and Services

- Vaccine Supply
 - An inventory of viable vaccine is maintained and properly stored in each Local Health Department to meet current and future community needs
- Local Policy Implementation
 - Implement and interpret statewide policy on vaccine-preventable diseases in accordance with the joint recommendations of the CDC Advisory Committee on Immunization Practices, the American Academy of Pediatrics and Academy of Family Physicians
- Community Assessment
 - On a regular basis, Local Health Department communities are assessed for adequacy of vaccination coverage for both mandated and voluntary immunization and appropriate action plans are developed and implemented to address changes needed
- Vaccine Promotion
 - Promote the individual and community health benefits of vaccination through regular issuance of local press releases, radio and television public service announcements, and other assorted media contacts
- Clinic Logistics
 - Set hours of operation, numbers and locations of clinics, staffing patterns, patient flow to assure appropriate response to community need. Assess need for non-routine clinic hours at times or seasons of peak demand, conditions of shortage, or emergency requirements
- Grants Participation and Reporting
 - Locally manage grant resources received from state, federal, or other sources, including application, implementation, fiscal and operational reporting, local evaluation, and audit participation and response
- Quality Assurance
 - Participate and cooperate with state officials during annual quality assurance reviews conducted in all local health department sites to ensure compliance with State and Federal program guidelines, including the Vaccines for Children Program
- Adverse Event Reporting
 - Participate with the federal vaccine adverse event reporting system
- Immunization Registry
 - Implementation of the statewide immunization registry as authorized by the 2005 General Assembly
- Technical Assistance
 - Provide vaccine preventable disease related technical assistance to local private health care providers
 - Maintain the local Smallpox Emergency Response plan
 - With assistance from state Immunization Program staff, investigate suspected cases of vaccine-preventable diseases
 - Follow-up of cases of perinatal hepatitis B
- Education and Training
 - Ensure local availability of CDC and other vaccine preventable disease satellite training courses to public and private health care providers
 - Distribute patient and provider educational material

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Service Area Products and Services

- Facilitate local computer-based assessment training for pertinent health department staff

Factors Impacting Service Area Products and Services

- Poverty, unemployment, health insurance, and availability of providers willing to serve the indigent or Medicaid recipients can increase demand for local health department immunization services
- Vaccine supply can fluctuate, leading to uncertainties in future availability
- Acts of bio-terrorism may radically increase the demand for certain vaccines
- Immigration policies may cause an increase in demand for certain vaccines disproportionately needed by immigrants presenting to local health departments. Alternately, more restrictive immigration policy may lessen this demand
- Growing concern among a certain population segment over childhood vaccine safety may decrease vaccination demand in this group
- Legislative and policy changes at the federal and state levels may expand the rolls of those eligible for or entitled to vaccination, thereby increasing demand for services
- Continuous development of new vaccines increases the demand for their deployment in the general public or in targeted groups
- Resource shortfalls may prevent some local health departments from offering full service immunization programs

Anticipated Changes To Service Area Products and Services

- Increased focus on emergency preparedness
- Greater need for services to ethnically and linguistically diverse populations
- Addition of new vaccines

Service Area Financial Summary

The local health department Immunization Services area is supported by federal, state and local government funds. Federal funds are received through a categorical, cooperative agreement from the Centers of Disease Control and Prevention (CDC). Federal funds are intended to supplement rather than supplant state and local dollars.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$2,587,746	\$5,467,682	\$2,587,746	\$5,467,682
Changes To Base	\$307,727	\$235,752	\$307,727	\$235,752
SERVICE AREA TOTAL	\$2,895,473	\$5,703,434	\$2,895,473	\$5,703,434

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Service Area Objectives, Measures, and Strategies

Objective 44013.01

Achieve and maintain maximum immunization coverage rates in Virginia's infants and children.

The occurrence of most vaccine-preventable diseases in children is at or near record low levels. However, the organisms that cause these diseases have not disappeared. Rather, they have receded and will re-emerge if vaccination coverage rates drop. Continuing to improve immunization coverage and sustaining high coverage is critical to achieving on-going reductions in vaccine-preventable disease morbidity and mortality. Virginia's local health departments are in a unique position to positively influence childhood vaccination rates by implementing strong health promotion and education measures, by actively assisting with regular immunization status assessment tools, and by administering a significant proportion of vaccinations overall in local clinic settings. Local health departments administer 25-33% of all childhood vaccines. The rest of these are from the private sector or other non-profits.

This Objective Supports the Following Agency Goals:

- Prevent and control the transmission of communicable diseases.
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- Promote systems, policies and practices that facilitate improved health for all Virginians.
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This Objective Has The Following Measure(s):

● **Measure 44013.01.01**

Immunization coverage rates of children at 2 years of age

Measure Type: Outcome

Measure Frequency: Annually

Measure Baseline: 81% in 2004

Measure Target: 88% by end of FY07

Measure Source and Calculation:

Data are from the Centers for Disease Control and Prevention (CDC), National Immunization Survey (NIS). The NIS is a list assisted random-digit dialing survey that began collection of data in 1994. The target population in the NIS is children between the ages of 19-35 months. Data from the NIS produce timely estimates of vaccination coverage rates for each of six recommended vaccines for the nation, all 50 states and the District of Columbia. The official estimates of vaccination coverage rates from the NIS are rates of being up-to-date with respect to the number of doses of all recommended vaccines. These vaccines and their recommended doses are: diphtheria and tetanus toxoids and pertussis vaccine (DTaP), 4 doses; poliovirus vaccine (polio), 3 doses; measles-containing vaccine (MCV), 1 dose; Haemophilus influenzae type b vaccine (HIB), 3 doses; hepatitis B vaccine (Hep. B.), 3 doses; and varicella zoster vaccine, 1 dose. In addition to these vaccines, interest focuses on coverage rates for vaccine series, including the 4:3:1:3 series (4DTaP, 3 Polio, 1 MCV, and 3 HIB). The NIS is conducted for the CDC by the National Opinion Research Center (NORC) at the University of Chicago.

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- **Measure 44013.01.02**

Immunization coverage rates of children at school entry

Measure Type: Outcome

Measure Frequency: Annually

Measure Baseline: 94% in 2004

Measure Target: 95% by end of FY07

Measure Source and Calculation:

Data are from the VDH Immunization Survey of Kindergarten, Head Start and Day Care programs. The statistical function known as probability proportional to size is used to select assessment sites. This function provides all students, regardless of geographic location, with an equal chance of being selected. Data collected by district health department staff are forwarded to the central office where they are imported into the Clinic Assessment Software Application (CASA). CASA analyzes the data taken from the student immunization records and provides vaccine coverage rates at school entry, retrospectively at 2 years of age and produces a listing of students with medical and religious exemptions to immunization.

Objective 44013.01 Has the Following Strategies:

- Improve the quality and quantity of vaccination delivery services.
 - Maintain an adequate and viable vaccine supply to meet public demand.
 - Maintain viable plan for special local vaccine distributions to private healthcare providers in times of shortage or other emergency conditions.
 - Maintain up-to-date Vaccination Information Statements in all Local Health Department offices and clinics.
 - Regularly update Local Health District (LHD) policies to reflect the most recent recommendations of the CDC Advisory Committee on Immunization Practices (ACIP).
 - Internally, conduct regular quality assurance audits of LHD immunization activities and implement changes recommended by state Bureau of Immunization staff audits.
 - Monitor and report all suspected adverse events to vaccination.
 - Target program resources to "Pockets of Need".
 - Continue to implement an immunization registry in the public sector.
 - Continue high quality annual training updates for all local staff participating in vaccine services and delivery.
 - Continue local partnerships with delivering hospitals and private providers to identify Hepatitis B in pregnant women, their household contacts, and sexual contacts, and to provide Hepatitis B vaccine and immune globulin (if needed) free of charge to their newborn and to their other contacts.
- Minimize financial burdens to needy persons and families without health insurance coverage.
 - Through local contacts, work to increase private provider enrollment in the Vaccines for Children Program.
- Increase community participation, education and partnership.
 - Support the infrastructure needs of the Project Immunize Virginia statewide immunization coalition.
 - Regularly update LHD websites to include the most up-to-date information on vaccines, policies and regulations.
 - Continue partnerships with local school divisions and local Departments of Social Services, assuring that childhood vaccination issues are kept in the forefront.

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- Improve and expand monitoring of vaccination coverage.
 - Maintain quarterly assessment of immunization coverage in health districts.
 - Annual assessment of immunization status of students at middle school entry (6th grade).
 - Annual assessment of the immunization coverage at school entry, Head Start facilities and day care centers.
- Assure availability of new vaccines in LHDs.
 - Ensure availability of required local resources to support the provision of new vaccines and combination vaccines when they are not fully covered by federal or state sources

Objective 44013.02

Improve influenza and pneumococcal coverage rates in persons 65+ years of age.

Historically the annual influenza and pneumococcal vaccination coverage rates in persons 65+ years of age has been below 70 percent. The risks of complications and hospitalizations from influenza and pneumococcal disease are higher among persons in this age group and nursing home attack rates may be as high as 60 percent, with fatality rates as high as 30 percent. Increasing the number of persons 65 and older who receive an annual influenza vaccination and at least one pneumococcal vaccination will reduce morbidity and mortality and medical costs associated with these diseases and improve the quality of life for older Virginians.

This Objective Supports the Following Agency Goals:

- Prevent and control the transmission of communicable diseases.
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This Objective Has The Following Measure(s):

- **Measure 44013.02.01**

Influenza vaccination coverage rates in persons 65+ years of age

Measure Type: Outcome **Measure Frequency:** Annually

Measure Baseline: 65% in 2003

Measure Target: 80% by end of FY07

Measure Source and Calculation:

Data are taken from the Behavioral Risk Factor Surveillance Survey (BRFSS). BRFSS is a series of telephone interviews with people in all 50 states plus Washington, D.C. and several U.S. Territories. In Virginia, the data are collected and analyzed by the Survey and Evaluation Research Laboratory at Virginia Commonwealth University. Coverage rates are calculated by determining the number and percentage of persons contacted who are 65 + years of age and who have received an influenza vaccination within the previous 12 months.

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- **Measure 44013.02.02**

Pneumococcal vaccination coverage rates in persons 65+ years of age

Measure Type: Outcome

Measure Frequency: Annually

Measure Baseline: 65% in 2003

Measure Target: 77% by end of FY07

Measure Source and Calculation:

Data are from the BRFSS conducted by the Survey and Evaluation Research Laboratory at Virginia Commonwealth University. Coverage rates are determined by calculating the number and percentage of persons 65+ years of age surveyed who have received at least one dose of pneumococcal vaccine.

Objective 44013.02 Has the Following Strategies:

- Improve the quality and quantity of vaccination delivery services.
 - Maintain an adequate and viable supply of influenza and pneumococcal vaccines.
 - With VDH guidance, maintain and update as necessary a vaccine prioritization plan for implementation during periods of vaccine shortages.
 - Maintain up-to-date Vaccine Information Statements in all LHD offices, in appropriate native languages.
 - Eliminate barriers to immunization by promoting the use of Standing Order policies which authorize nurses to administer vaccinations according to physician-approved protocols without the necessity of a physician's examination.
 - Based upon client surveys, immunization data assessment, or other evidence of local need, implement non-routine clinic hours (evening, weekend) to address gaps in vaccination coverage.
 - Based upon local assessment of need, hold onsite vaccination clinics in nursing homes, assisted living facilities, senior citizen congregational sites, and any other non-routine locations where a large number of high risk individuals may be reached for service.
 - Attempt to reduce clinic waiting times for vaccination to 30 minutes or less.
- Minimize financial burdens for needy persons.
 - Educate providers on Medicare and Medicaid reimbursement and encourage the use of abbreviated billing procedure (roster billing) in mass clinic settings.
 - Establish vaccination charges at levels no higher than Medicaid reimbursement rates.
 - Work to ensure vaccine availability via sliding fee scale to all high risk indigent citizens without health insurance coverage.
- Increase community participation, education and partnership.
 - Locally support the Project Immunize Virginia annual flu and pneumococcal campaigns.
 - Partner with the American Lung Association of Virginia in the annual flu and pneumococcal statewide media campaign, assuring that local media outlets provide adequate coverage.
 - Assure local media coverage of annual VDH press releases at the beginning of flu season, and coverage of any subsequent informational releases on influenza activity, vaccine availability, or clinic locations.
 - Partner with local pharmacists statewide on issues regarding influenza and pneumococcal vaccines, since that profession and pharmacy setting area rapidly growing vaccination avenue for the general public.